

CHILD MALTREATMENT COVER SHEET

(Case Management Plan on reverse)

Use this form to track case management - not every action or intervention listed is required in all cases of child maltreatment.

VICTIM NAME	CASE NUMBER	CODES		
		SEVERITY	COOPERATION	RISK

Enter dates and initial when the following are accomplished)

ACTION	DATE	INITIAL
REFERRAL RECEIVED		
INITIAL FAP STAFF CONTACT WITH FAMILY		
FAMILY MEDICAL RECORDS REVIEWED		
ADMINISTERED STANDARDIZED INVENTORIES AND COMPLETED AF FORM 2528		
CPS NOTIFIED		
PHYSICAL EXAM(S) ACCOMPLISHED		
PHOTOGRAPHS TAKEN		
INSTALLATION AUTHORITIES NOTIFIED		
OSI		
SPS		
SPONSOR'S UNIT COMMANDER		
DBMS (IF APPROPRIATE)		
INSTALLATION COMMANDER (IF APPROPRIATE)		
CMT INITIAL DISCUSSION		
CMT CASE STATUS DETERMINATION DATE		
CASE STATUS DETERMINATION		
INITIAL DD FORM 2486 AND AF FORM 2528 SENT TO HQ AFOMS/SGPS		
CASE MANAGEMENT TEAM REVIEWS		
INTERIM DD FORM 2486 AND AF FORM 2528 SENT TO HQ AFOMS/SGPS		
CLOSURE/TRANSFER SUMMARY COMPLETED/SENT		
CLIENT SATISFACTION QUESTIONNAIRE COMPLETED		
CLOSURE/FINAL DD FORM 2486, AF FORM 2528, AND CLIENT SATISFACTION QUESTIONNAIRE FORWARDED TO HQ AFOMS/SGPS		
ADMINISTERED STANDARDIZED INVENTORIES AT 3-MONTH FOLLOW-UP. COMPLETED AND MAILED AF FORM 2528 TO HQ AFOMS/SGPS.		